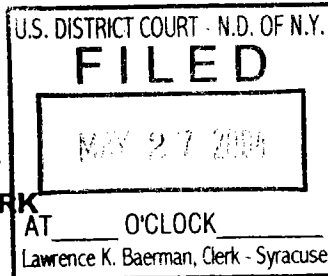


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



Civil Case No.: 5:04-CV-611

GLS/GHL

Victor L Young Sr. Plaintiff(s)

vs.

CITY OF SYRACUSE DEPT OF
Public Works Defendant(s)

CIVIL
RIGHTS
COMPLAINT
PURSUANT TO
42 U.S.C. § 1983

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

PARTIES

2. Plaintiff: Victor L Young Sr.
Address: 211 Schaffer Ave
Syracuse, N.Y. 13224

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: CITY OF SYRACUSE
Official Position: DEPT OF Public Works
Address: OFFICE OF THE Commissioner
1200 Canal Street Extension
Syracuse, N.Y. 13210

b. Defendant: _____
Official Position: _____
Address: _____

c. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. **FACTS**

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary.)

Singled out For Special Treatment RACE AND PERSONAL indifference.
Singled out For special treatment with regards to bogus writeups
leading to termination. MANAGEMENT knowing full well the gravity of
multiple writeups within a certain allotted time would lead to my termina
tion. Yet they continued to harass & abuse their authority with malicious
intent. Management set the conditions for other caucassians Employees to Follow
suit. Which forced me to seek medical help based on stress anxiety - depression

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

I HAVE EXPERIENCE VARIOUS FORMS OF RACIAL DISCRIMINATION RANGING FROM VERBAL ABUSE TO PHYSICAL THREATS: COUPLED WITH THREATS OF TERMINATION. RACIAL EPITHETS WRITTEN ON MY WORK TRUCK ON A NUMBER OF OCCASIONS. I INFORMED MANAGEMENT & NO ACTION WAS TAKEN. I TOOK IT UPON MYSELF & I CALLED THE AUTHORITIES.

SECOND CAUSE OF ACTION

I HAVE BEEN WRITTEN UP FOR THINGS THAT I HAVE NOT DONE & TOLD BY A MANAGEMENT EMPLOYEE THAT MANAGEMENT WANTED TO FINE ME AND THAT WAS A REASON WHY HE WAS GIVEN ME SO MANY WRITEUPS.

THIRD CAUSE OF ACTION

~~IN THEIR 2nd ATTEMPT TO TERMINATE ME MANAGEMENT VIOLATED ARTICLES 3.1.1, 8.1.1, 8.1.3, & ANY OTHER APPLICABLE ARTICLES OF THE CONTRACT LABOR AGREEMENT WITH LOCAL 400. MANAGEMENT IS ALSO IN VIOLATION OF V.L.Y.~~

6. Plaintiff(s) demand(s) a trial by

Jury -or- Court

(Circle only one).

7. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

RESTORE my dignity & SELF RESPECT - I RESPECTFULLY ASK
THE COURT to make right the wrongs done to me. I Victor
L Young Sr. SEEK RECOMPENSE For my monetary AND Emotional
Suffering.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 5-27-04

Victor L Young Sr.

Signature of Plaintiff(s)
(all Plaintiffs must sign)

N.Y. State Attorney General Eliot Spitzer:
Albany, NY 12224-0341

Mr. Eliot Spitzer,

My name is Victor Young, an employee of The City Of Syracuse Department Of Public Works, and I request your urgent attention regarding the subject of discriminatory practices. This has been an ongoing problem throughout my **tenure within the Department of Public Works. I have experience various forms of racial discrimination ranging from verbal abuse to physical threats: coupled with threats of termination.**

Management has failed to provide me with proper redress of grievances as defined by the E.E.O.C. .

Violations: Resulting From Discrimination Within The Work Place

- 1 Loss of time, and wages...**
- 2 Depression, and Mental Anguish...**
- 3 Delinquent Bills...**
- 4 Low Self- esteem...**
- 5 Management is compiling files to support a legitimate reason to justify my termination.**

My cries for help were greeted jeers, contempt, and obstruction at every turn.

Phone # 315-446-3306

**Victor L. Young Sr.
My Address:
512 Audubon PKWY
Syracuse, N.Y. 13224**

Thank you,

Sincerely,


Victor L. Young

Date: 12/30/03
 TO: Victor L Young
211 Schaffer Ave
Syracuse, NY 13206

MedQUEST, a Release of Information Service, is pleased to process your request for medical information. Since this information is privileged, its confidentiality should be maintained and there should be no re-disclosure of the medical information. Please read the important notice below.

☐ Enclosed please find the information you requested.

☐ Below is a pre-bill invoice for the copies you have requested. Upon receipt of your payment, the requested information will be promptly mailed to you.

☒ Enclosed please find the information you have requested. Please reference the invoice below for the total amount due.

Invoice Number: HCE 1203225Patient Name: Victor Young
 Total # of pages 15 X .75/page X 7.25 %Sales Tax = \$ 12.07 Amount Due

Payment Options (Note: Please indicate the above Invoice Number on either payment method)

Checks - Please make checks payable to:

MedQUEST Record Management
500 Erie Blvd. West
Syracuse, New York 13204

Credit Card - Mail to above address or fax to: (315) 471-3334

☐ Visa ☐ MasterCard ☐ American Express

Account Number: _____

Exp. Date: _____ Total Payment: _____

Phone Number: () _____

Signature: _____

Important Notice

Should the enclosed photocopies contain information regarding drug and alcohol, psychiatric or HIV/AIDS treatment, this information has been disclosed to you from records whose confidentiality is protected by state and/or Federal laws. Federal Regulations (42 CFR Part 2) and state regulations in the NY Public Health Laws 2782 (5) and Part 10 NYCRR sec. 63.4 prohibit you from making further disclosure of it without specific written authorization of the person to whom it pertains, as otherwise permitted by such regulations. General authorization for the release of medical or other information is not sufficient. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol and drug abuse patient.

Processed By/Date: _____

MR#: _____

Lifetime Health

Health Center East

Health Information Management Department
2803 Erie Blvd East
Syracuse, NY 13224
Phone: (315) 445-0553
Fax: (315) 445-5979

I hereby request and authorize Lifetime Health to Release Medical Information: .

Patient Name: Victor L Young Sr. 121193

DOB: 6-24-57

Under 18 years of age? Yes ☒ No

If the patient is a minor and the medical records contain Ob/Gyn, abortion or pregnancy related documentation, the minors signature is required.

Patient Home Address 211 SCHAFER AVE SYR, N.Y. 13206

/Home Phone #: 315 437-6322 or cellulare 863-7636

SEND MY MEDICAL RECORDS TO: CALL WHEN READY WILL PICK UP

Records Pertaining to ON THE JOB INJURY

What information should be released? X. Records From 9-20-03 to 12-30-03

(E.g., Specify by date, department or problem)

Do your medical records contain information related to HIV/AIDS counseling or testing, Behavioral Health notes or other information regarding the treatment of depression/anxiety, or counseling and/or treatment of alcohol/drug abuse?

No, my medical records do not contain the identified sensitive information.

Yes. (The patient must complete the appropriate Authorization for Release of Information on the reverse side.)

Purpose for release of medical information:

Transfer of Medical Care

Effective Date: _____

Reason for Transfer: _____

Referral to Specialty Provider

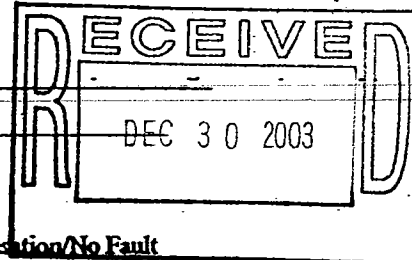
Immunization Records

Disability

Workers Compensation/No Fault

Other:

PERSONAL



I understand that I have the right to revoke this authorization, in writing, at any time. (Requests to revoke an authorization must be directed to the attention of the Lifetime Health, Health Information Management Department.) I understand that the two exceptions to the right to revoke are: (1) where Lifetime Health has acted in reliance upon the authorization; (2) if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy. I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by the privacy regulations. I also understand that this authorization is effective for release of information prior to the date it has been signed and unless otherwise indicated, this authorization will expire in 90 days. I further understand that this authorization is voluntary and Lifetime Health will not refuse treatment based on my refusal to sign. I hereby authorize release of the requested medical records.

Signature: Victor L Young Sr.

Date: 12-30-03

Relationship to Patient other than Self: _____

Witness: _____

____ Chestnut Ridge Health Center
 ____ Central Square Health Center
 ____ Health Center East

Patient Name Young, Victor
 Medical Record Number 121193

PROGRESS NOTES SHEET

9/24/03 46 yom presents for Flu shot.
 visit seen for stress / anxiety

wt 249 lb
 12/1/92
 BP 134/84
 P 84

med: Zoloft 25mg 1x tabs qhs.

Depression - anxiety
 stress -
 B. Campbell
 60w till 10-6-03
 ↑ Zoloft to 25mg po qd x 1wk
 then 50mg -
 See me 9-29-03
 Counselled 30min - Holman, MDC

Depression - anxiety
 stress -
 60w till 10-6-03
 ↑ Zoloft to 25mg po qd x 1wk
 then 50mg -
 See me 9-29-03
 Counselled 30min - Holman, MDC

HEALTH CENTER EAST

Young, Victor

002000121193
PALMER,SALLY RNC

09/24/2003

PROGRESS NOTE

SUBJECTIVE

This is a 46-year-old male here to discuss his depression. He feels he is extremely anxious and depressed. This has been going on for several weeks according to him. He has felt he has needed to be strong and tough this out but is finding he can't do that right now. He is fatigued. He is not sleeping. He has no appetite. He has lost weight. He feels if it wasn't for his children, he states he really does not know what he would do. I talked with him about this. He saw Dr. Zirath on Saturday at which time Dr. Zirath gave him Zoloft 25, one-half tablet and stay out of work from 9/20 to 9/24, and see me on 9/24. The patient states it was very difficult to admit he had these problems but feels it is out of control now. He is very sad and he is crying. He cries during the interview and cries at home as well. He does not think this is appropriate for him to be doing since he is a man and is the father and this causes him a lot of distress when he does cry. He does not seem to be able to control this. He wants to increase his medication and wants to talk with a counselor. He is on Zoloft one-half 25 mg tablet.

OBJECTIVE

BLOOD PRESSURE: 120/90

PULSE: 84

TEMPERATURE: 98

WEIGHT: 253 pounds.

I spent the half hour appointment with him counseling him.

ASSESSMENT

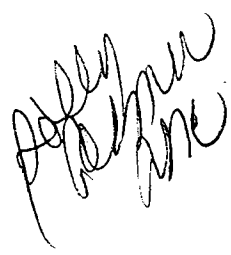
Depression, anxiety, stress

PLAN

I will keep him out of work until 10/6/03. I will increase his Zoloft to 25 mg for one week, then increase to 50 mg. I will give him Xanax 0.25 mg po twice a day prn and I gave him #30 with no refills. I counseled him. He is to see me on Monday. He will drop off the list of counselors that his insurance company will pay for and I will make a recommendation at that time.

SALLY PALMER, RNC

sb: 10/16/2003 08:05:49 pm



Account ID:54464

Encounter ID:26

Date:09/29/2003

Description:transcri

Health Center East

Young, Victor

002000121193 09/29/2003

PALMER, SALLY

PROGRESS NOTE

SUBJECTIVE

This is a 46-year-old male who is here today to discuss his depression and anxiety with me. He has been having a really hard time over the past several days. I did just see him on Thursday of last week, so he has only really been on the increased dose of Zoloft 50 mg for five days. I did give him a prescription for Xanax and he has been taking those two a day. They help with sleep somewhat but not a great deal. He is worried that he talks over and over about his children and how bad he would feel if anything happened to him. When I asked him about suicide, he says that he has no plan but that he really is concerned that he does not want his babies to grow up without him. So, he is trying to hold on. I have taken him out of work and have started him on Xanax 2.5 mg as well as Zoloft 50. He has only been on the medicine for about a week. He wants a counselor and he brought in the book for Pamco and so I have called one place to see if they take Pamco for therapy and I am waiting for them to call me back about that.

OBJECTIVE

GENERAL: He is cheerful and makes eye contact some of the time, not all the time. He keeps saying many things the same that he worries about his babies and he really feels very stressed. He had to go to work to pick up his benefit package and it caused him a great deal of stress. His heart beat was very fast and he really was very uncomfortable being there.

BLOOD PRESSURE: 130/90.

PULSE: 80.

TEMPERATURE: 90.

WEIGHT: 258 pounds.

ASSESSMENT

Depression, anxiety and stressful circumstances right now.

PLAN

I will have him continue his medications, see me back in four days and I am going to get a therapist located for him.

SALLY PALMER, RNC

sc: 10/21/2003 01:10:21 pm

cc:

HEALTH SERVICES MEDICAL GI

- ☐ Chestnut Ridge Health Center
☐ Central Square Health Center
☒ Health Center East
☐ Fairmount Health Center
☐ North Syracuse Health Center

Patient Name Young
 Medical Record Victor
 MR#: 002000121193
 DOB: 06/24/1957 Sex: M

PROGRESS NOTES SHEET

9/29/03 46yob JP Rtc for meds not
 feeling any better see flow sheet
 Depression - Anxiety - B. Kelly
 Stress Cont med -
 Counseling - Holmes
 RV 3m - Referred to med Rtc
 David

Chestnut Ridge Health Center

Central Square Health Center

Health Center East

Patient Name

YOUNG

Medical Record

IVICTOR L SR

MR #: 121193

DOB: 06/24/57 SEX: M

PROGRESS NOTES SHEET

10/3/03 4840p J KTC Flamed
see flow med sheet
WCF Depression - anxiety - stress -
work related.
OOO till 10-27-03
RV 3000
COST Counseling & mob. ~~Revised~~

HEALTH CENTER EAST

Young, Victor

002000121193

10/03/2003

PALMER,SALLY RNC

PROGRESS NOTE

SUBJECTIVE

This is a 48-year-old black male who is here today with a complaint of having anxiety and depression. He has been under a great deal of stress lately. I have kept him out of work. I referred him to therapy. He has been seeing Mark Savad. He went there once and he is going to go again next week. He has also been started on medication. He is currently taking Xanax 0.25mg p.o. at night. He is also taking Zoloft 50mg p.o. q.d. He tells me that he feels slightly better. He has only been on the medication for about ten days. He is beginning to feel somewhat better.

OBJECTIVE

GENERAL: He looks slightly better although he is crying during part of the interview.

BLOOD PRESSURE: 118/88.

PULSE: 80.

TEMPERATURE: 96.0.

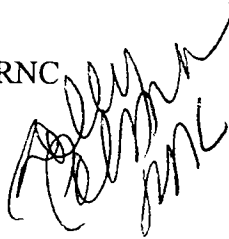
WEIGHT: 255 pounds.

I spent the 20-minute appointment counseling him regarding his anxiety and depression.

PLAN

He will continue his medications and see me back here in two and a half weeks. He is to stay out of work until 10-27-03.

SALLY PALMER, RNC



kg: 10/16/2003 02:06:34 pm

Chestnut Ridge Health Center

Central Square Health Center

Health Center East

Patient Name YOUNG

Medical Record VICTOR

MR #: 121193

DOB: 06/24/57 SEX: M

PROGRESS NOTES SHEET

10/22/03
 4840 b RTIC for F/u WC
 see flon sheet BKelly
 w/ anxiety - Depression -
 palpitation -
 EKG - LVH -
 to xthroccid -
 ↑ zolast 15mg.
 AV 1 wk -
 QD W 7-20-03 till 10-3-03 -
 L. M. M. M.

Account ID:54464
Encounter ID:28
Date:10/22/2003
Description:transcri
Health Center East
YOUNG,VICTOR 121193 10/22/2003
PALMER, SALLY

WORKER'S COMPENSATION

SUBJECTIVE

This is a 48-year-old male who is here today for a work-related condition. He is under our care for stress, anxiety and depression. This all started on 9-20-03. He has been seen by Mark Savid for counseling and he is also on medication for the anxiety and his depression. He tells me that he has developed some palpitations now in his chest when he gets anxious. There is not any actual chest pain, as such, but sometimes he feels as if he misses beats. He is concerned about that. He wants to make sure he does not have any heart condition. When this started again he cut back on the Zoloft. He was on 50mg p.o. q.d. and he cut it back so for the last two days he has been taking just one-half tablet. He was wondering if that had anything to do with what was going on. He is on Zoloft, supposedly 50mg p.o. q.d. and Xanax 0.25mg at Hs as needed. He is currently not working. He tells me he does drink Mountain Dew and sometimes will have coffee as well.

OBJECTIVE

GENERAL: The patient is very anxious appearing. He makes good eye contact but he is talking a great deal, wanting to clarify how he feels and what is going on with him right now. He is very anxious. BLOOD PRESSURE: 130/90.

PULSE: 82.

WEIGHT: 256 pounds.

CARDIAC ASSESSMENT: Regular rate and rhythm.

HEENT: His cervical nodes are not enlarged. His tympanic membranes are not dull. Sinuses are not tender. Pharynx is pink.

LUNGS: Clear.

ABDOMEN: Negative.

EKG: It shows that he does have some left ventricular hypertrophy. I discussed this with Dr. Levy.

ASSESSMENT

Anxiety

Depression

Palpitations

EKG showing left ventricular hypertrophy

PLAN

Will do a stress echo. I am going to increase the Zoloft to 75mg p.o. q.d. He is going to stay out of work from 9-20-03 to 11-3. He will see me next week. I did discuss this with Dr. Levy. We will order the stress echo.

SALLY PALMER, RNC

DAVID LEVY,

M.D.

kg: 10/22/2003 01:09:31 pm

cc:

ak 10/22/2003 3:49:56 PM \\ngeemr01\nextgen\hsa\cnytrans\rtf\100\HCE_a121193 _01.rtf

____ Chestnut Ridge Health Center
 ____ Central Square Health Center
 ____ Health Center East

Patient Name _____
 Medical Recd _____

Young
 Victor
 MR#: 002000121193
 DOB: 06/24/1957 Sex: M

10/28/03

PROGRESS NOTES SHEET

48 yab presents for F/U
 see flow sheet
 stress
 anxiety - Depression related
 W.C. Contradicted -
 7 Zoloft 75mg po qd cont Counseling
 RV 2 weeks
 W.C. tell 11-10-23
 K. M. M. M.

Account ID:54464
Encounter ID:30
Date:10/28/2003
Description:transcri
Health Center East
Young, Victor

002000121193 10/28/2003
PALMER, SALLY

WORKER'S COMPENSATION

SUBJECTIVE

This is a 48-year-old male who is here today for a followup of his work-related condition. He first reported this to Dr. Zirath on 9-20. He has been feeling the stress since at least 9-19-03. Dr. Zirath saw him on 9-20, kept him out of work and asked him to followup with me. I did see him on the 22nd and from that time on the patient has had stress. He has been talking about his anxiety and depression as well as the stress that he is under. He relates this to work. He thinks that the working conditions are very unfavorable to him and he feels as if he cannot really satisfy some of his employers. He really has been under a lot of stress. I have kept him out of work. I took him out of work on 9-22-03. He has been out since that time. I started him on medication. He is currently on Zoloft 50mg p.o. q.d. He uses Xanax 0.25mg at Hs if needed. He is not sleeping well. He still is focusing a great deal on his stressful circumstances that are going on at work and what people are saying about him now that he is not working. I did refer him to Mark Savid who is counseling him as well. His mother-in-law is ill and so he is under a lot of stress related to that issue as well.

OBJECTIVE

GENERAL: He is in some distress. He is very worried about what is happening and he is talking rather consistently, quickly about the things that are happening. He is just really upset. He does make eye contact but he is agitated somewhat and still anxious as well as depressed.

BLOOD PRESSURE: 128/88.

PULSE: 80.

WEIGHT: 256 pounds.

ASSESSMENT

He has stress, anxiety, and depression that is work related. Worker's Compensation has controverted this.

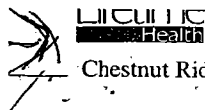
PLAN

Will increase his Zoloft to 75mg p.o. q.d. He will continue his counseling. He is going to check with his union representative to see what he needs to do and if he needs to be getting a lawyer to help him with this claim. In addition to that his work has advised him to take Family Medical Leave Act but he would like to check with his union representative first. He will see me within two weeks. He may go back to work on 11-10-03. We will see how he does at that time.

SALLY PALMER, RNC

kg: 10/29/2003 11:51:39 am

cc:



Chestnut Ridge Health Center

Central Square Health Center

Health Center East

Patient Name

Young Victor

Medical Record Number

2000 21193

11/13/03

PROGRESS NOTES SHEET

46406 Rtc for F/u WC
meds Zolaf 50mg ~~tab~~ 1/2 tab

O. wt 259
SI

O.T 97.4

BP 130/90

P. 76

see other notes

B. Buckley

Chestnut Ridge Health Center

Patient Name _____

— Central Square Health Center

Medical Record Numt _____

— Health Center East

Young

Victor

MR#: 002000121193

DOB: 06/24/1957 Sex: M

PROGRESS NOTES SHEET

11-21-03

4640p

PTC for F/u WC

in place shut. J. J. J. J. J.

Q

WC

Dep. anxiety. Stress
Rt Work

increased demands

of supervisors at work.

Account ID:54464
Encounter ID:32
Date:11/21/2003
Description:transcri
Health Center East
Young, Victor 002000121193 11/21/2003
PALMER, SALLY

WORKER'S COMPENSATION

SUBJECTIVE

This is a 46-year-old male who is here today to discuss his complaint of depression, anxiety and stress, all related to work and the inconsistent demands on him by his supervisors at work and he feels that he has had a great deal of pressure there and he has felt that this is related to how he feels. He is having a Worker's Compensation case on this.

He feels that when he goes back there he is anxious about going and he is not sure what is going to be said to him on his return. He feels slight less depressed and stressed on his medication, there are other issues that are going on at home as well that has complicated this as well. He feels that he wants to go back to work and find out what is going on there.

MEDICATIONS

The patient is on FMLA as a back up of his claim to Worker's Compensation. He is on Zoloft 100 milligrams po qd. Xanax 0.25 milligrams at hs. Today he tells me that he is still feels very anxious and he is worried about going back to work.

OBJECTIVE

GENERAL: He is in no acute distress.

BLOOD PRESSURE: 110/80.

PULSE: 60.

WEIGHT: 252 pounds.

I did not do a physical examination today, but he is anxious appearing and he does not always make good eye contact and he is looking down most of the time. He has a very worried appearance. I have spent 20 minutes of this visit just counseling him.

ASSESSMENT

This is a Worker's Compensation depression, anxiety and stress, related to work. Inconsistent demands.

PLAN

Continue his medication as directed and he is going to see a therapist. I made a referral for a Worker's Compensation therapist and he is going to check with Joan Green on that today. He will return to work on the 24th and he will see me back here in two weeks.

SALLY PALMER, RNC

kr: 12/09/2003 12:19:38 pm

cc:

Account ID:54464

Encounter ID:33

Date:12/05/2003

Description:transcri

Health Center East

YOUNG, VICTOR

121193

12/05/2003

Palmer, Sally

Palmer, Sally

XWORKERS COMPENSATION

S:This is a 46-year-old male who is here today for a follow up of his work related stress, depression and anxiety. He has been under a great deal of stress there with conflicting requirements of him at work causing him to be depressed and having anxiety symptoms. He is back to work and he tells me that he has had a workers compensation hearing and the judge ruled the case would go forward, that there seemed to be documentation and reason to justify his claim. He is taking care of some business at work as well and he is feeling better. His mother-in-law just died and so he had to go back down south for the funeral but he thinks he is doing better. He is working. His medications include Zoloft 100 mg p.o. q.d., Xanax 0.25 mg which he uses at night 3 or 4 times a week, not a great deal. It is only when he may find that he has some excess anxiety but the Zoloft seems to be kicking in and he feels much better about everything.

O:The patient does make eye contact but it is not all the time. There are times when he looks away when he is relating a story, but he does make eye contact when he actually is addressing me. He is calmer and actually is smiling and less stressed appearing right now.

A:This is anxiety and depression related to stresses at work.

P:He will continue work. I am going to ask him to continue all of his medications and he will see me back in a month.

Sally Palmer, R.N.C.

732644 12/08/2003

-732644

PM1 -

304

PM1 //12/08/2003

ak 12/16/2003 9:25:48 AM \\ngeemr01\nextgen\hsa\cnytrans\rtf\100\HCE_e_20031212_121193 _01.Rtf

December 23, 2003

Complainant: I, Victor L. Young Sr. hereby request a formal appeal to this determination to The New York State Supreme Court. Federal Charge No: 16GA309772

Federal Charge No: 16GA309772

Complainant: I, Victor L. Young Sr. hereby reject the decision made by The New York State: Executive Department Division Of Human Rights, dated and mailed: December 12, 2003 on basis of an incomplete investigation. My charges are based entirely upon the lack of a thorough investigation supported, and guaranteed me under Title VII of The Civil Rights Acts (ADA). Which is enforced by the EEOC, and under Federal Law.

Willfully Deficient Investigation: Conducted by Victoria C. Scott – Human Rights Specialist: Miss Scott's decision was supported, and signed by Forrest Cummings – Regional Director: New York State Division Of Human Rights.

The following examples support Complainant's charges of incomplete investigative practices.

Examples:

1. Limiting the scope of the investigation, failing to collect relevant documents concerning multiple disciplinary charges against Complainant: Victor L. Young Sr., resulting in a dozen written infractions within a single calendar year. Obviously the investigator failed to utilize the power to subpoena, for the purpose of securing **supporting evidence. Which would show a clear pattern of harassment based on a paper or electronic log. Failure to follow a paper or electronic trail resulted in a feeble attempt to ascertain the facts. Thus depriving me of my Civil Liberty, and Constitutional rights under U.S. Federal Law.** The State Of New York: Executive Department State Division Of Human Rights, has failed to conduct a fare, and thorough investigation with regards to my official complaint - Federal Charge No: 16GA309772
2. Further more the investigator failed take a look at the overall treatment of minorities as a whole, within "The Syracuse Department of Public Works". Rest assured the investigator would have found blatant discriminatory practices across

the board with regards to minorities. The lack of blacks in a supervisory position creates a climate ripe for racial discrimination. It would at the very least raise a "red flag" of impropriety. That would only serve to prove the depth of the racial discrimination.

Sincerely,


Victor L. Young Sr.

Psychological HealthCare, P.L.L.C.

Presidential Plaza
550 East Genesee Street
Syracuse, NY 13202
(315) 422-0300
Fax: (315) 479-8455

North Medical Center
5112 West Taft Road
Liverpool, NY 13088
(315) 452-2450
Fax: (315) 452-2455

Medical Center East
5900 North Burdick Street
East Syracuse, NY 13057
(315) 656-0181
Fax: (315) 656-6871

Oswego/Fulton
110 West First Street
Oswego, NY 13126
(315) 343-3194
Fax: (315) 343-3194

Provider

Intake Diagnostic Evaluation Form

Today's date: 4-30-03 Time of Day: _____ Location: AMC

Patient Name: Victor Young Date of birth: 6-24-57 Age: 46

Presenting Problem as Described by Patient:

DEPRESSION, PAIN, FATIGUE, ANXIETY, STRESSFULNESS

Current Stressors in Patient's Life:

STRESS WORK

List Current Medications, dosage, when started, prescriber, whether helpful, and any side effects:

ZOLIFT
KAYAL

Client Functioning

Self Care (ADL's): ✓

Social: _____

Intimacy: _____

Family: _____

Work/School: ON WORK 2 WKS FOR STRESS

Psychological HealthCare, PLLC
Intake Diagnostic Evaluation Form

Patient Name Victor Young

Symptoms Present:

Rate Severity (0-10) and Check Symptoms Below:

Depression 10 Depressed Mood ☒ Low Self-Esteem ☒ Insomnia ☒ Hypersomnia ☐ Anhedonia ☐
Weight Change ☐ Tearful Affect ☒ Irritable ☒ Psychomotor Retardation ☐
Feelings of: Guilt ☐ Worthlessness ☐ Hopelessness ☐ Helplessness ☐ Other ☐

Suicide ☐ / Homicide ☐ (risk ☐ history ☐ Ideation ☒ Plan ☐ Means ☐ Intent ☐ Threat ☐
Attempt ☐ When ☐ ; How Vague thoughts

Anxiety 10 Anxious Feelings ☒ Panic ☒ Agoraphobic behaviors ☐ Trembling ☐ Hyperventilation ☐
Dizziness ☐ Light-headedness ☐ Derealization ☐ Paresthesias ☐ Sweating ☐ Fear (Type) ☐
Cardiac ☐ Obsessions ☐ Compulsions ☐ Somatization (Type) ☐ Other ☐

Eating Issues ☐ Anorexia ☐ Bulimia ☐ Binging ☐ Purging ☐ Unrealistic Self-image ☐
Other ☐

Cognitive Dysfunction ☐ : Worry thoughts ☒ Negative self referencing thoughts ☐ Preoccupations ☐
Hallucinations ☐ Delusions ☐ Racing thoughts ☐ Dissociation ☐ Disorganized ☐ Memory problems ☐
Other ☐

Behavioral Problems ☐ : Alcohol abuse ☐ Drug abuse ☐ Impulsivity ☐ Violence ☐ Gambling ☐
Dissociative episodes ☐ Parasuicide ☐ High risk sex ☐ Other ☐

Other Relevant Information

Relevant Developmental History

Academic History (Children)

Significant Sexual History

Psychological HealthCare, PLLC
Intake Diagnostic Evaluation Form

Patient Name Vic Fox Young

Mental status descriptors (Circle all appropriate items)

1. Appearance and self-care

Stature Average Small Tall (For age, if a child)
Weight Average weight Overweight Obese Underweight Thin Cachectic
Clothing Neat/clean Careless/inappropriate Meticulous Disheveled Dirty
Grooming Appropriate for age, occasion, weather Seductive Inappropriate Bizarre
Cosmetic use Normal Well-groomed Neglected Bizarre
Posture/gait Age appropriate Inappropriate for age Excessive None
Motor activity Normal Tense Rigid Stopped Slumped Bizarre Other: _____
Other notable aspects: Not remarkable Slowed Repetitive Restless Agitated Tremor

2. Sensorium

Attention Normal Unaware Inattentive Distractible Confused Persistent Vigilant
Concentration Normal Scattered Variable Preoccupied Anxiety Interferes Focuses on irrelevancies
Orientation x5 Time Person Place Situation Object
Recall/memory Normal Defective in: Immediate/Short-term Recent Remote

3. Relating

Eye contact Normal Fleeting Avoided None Staring
Facial expression Responsive Constricted Tense Anxious Sad Depressed Angry
Attitude toward examiner Cooperative Dependent Dramatic Passive Uninterested Silly
Resistant Critical Hostile Sarcastic Irritable Threatening
Suspicious Guarded Defensive Manipulative Argumentative

(cont.)

4. Affect and mood

Affect Appropriate Labile Restricted Blunted Flat Other: _____
Mood Euthymic Pessimistic Depressed Hypomanic Euphoric
Other: _____

5. Thought and language

Speech flow Normal Mute Loud Blocked Paucity Pressured Flight of ideas
Thought content Appropriate to mood and circumstances Personalizations Persecutions
Preoccupations Suspicions Delusions Ideas of reference Ideas of influence Illusions
Phobias Somatic Suicide Homicidal Guilt Religion Other: _____
Hallucinations Auditory Visual Other: _____
Organization Logical Goal-directed Circumstantial Loose Perseverations

6. Executive functions

Fund of knowledge Average Impoverished by: _____
Intelligence Average Below average Above average Needs investigation
Abstraction Normal Concrete Functional Popular Abstract Overly abstract
Judgment Normal Common-sensical Fair Poor Dangerous
Reality testing Realistic Adequate Distorted Variable Unaware
Insight Uses connections Gaps Flashes of Unaware Nil Denial
Decision making Normal Only simple Impulsive Vacillates Confused Paralyzed
Impulse control Good Fair Poor

Psychological HealthCare, PLLC
Intake Diagnostic Evaluation Form

Patient Name Victor Young

7. Stress

Stressors

Money Housing Family conflict Work Grief/losses Illness Transitions

Coping ability

Normal Resilient Exhausted Overwhelmed Deficient supports

Skill deficits None

Deficient skills Growing

Intellect/educ. Communication Interpersonal Decision making

Supports

Self-control Responsibility Self-care Activities of daily living

Usual Family Friends Church Service system

Needed:

Spiritual and Cultural Values affect therapy? No _____ Yes _____ (Explain below)

8. Social functioning

Social maturity

Responsible Irresponsible Self-centered Impulsive Isolates

Social judgment

Normal "Street-smart" Naive Heedless Victimized Impropriety

Other aspects of mental status or information obtained from questioning based on Intake Information Form

Major depressive episode - Work related
stress, cumulative past 2 yrs.
46 yo male. Manner in childhood completely
overwhelmed in stressful occupational situation
Builds for several years - Now fearful by
forced work. Unable to trust. Currently
unable to cope. Anxious. Nervous
episode noted.

Clinical Formulation

Major depressive episode

Patient Name Vinton, J. Douglas

DIAGNOSTIC IMPRESSIONS
DSM IV

Axis I: Major Depressive Episode
296.25

Axis II: —

Axis III: —

Axis IV: Occupational problem

Axis V: Current: 50 Highest in Past Year: 80

Treatment Plan

Problem: Depression

Goal (Behavior to change, symptoms to decrease)

Interventions (Modality, frequency) Supportive TX — Crisis Intervention
Cognitive-behavioral TX
Medication consult

Problem: Anxiety

Goal (Behavior to change, symptoms to decrease)

Interventions (Modality, frequency) Supportive TX
Relaxation skills
Medication

Problem: Work Issues

Goal (Behavior to change, symptoms to decrease)

Interventions (Modality, frequency) Access to unemployment

Treatment plan presented to patient: Yes ✓ No —

Patient understood and agreed to treatment plan: Yes ✓ No —

Estimated Discharge Date as indicated by presenting problems and current treatment plan: —

Length of Session: 50 CPT Code: 90.34

Name of Clinician: MAUR SARA Signature: [Signature] Date: 9-30-03

This report reflects the patient's condition at the time of consultation or evaluation. It does not necessarily reflect the patient's diagnosis or condition at any subsequent time.

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.

Patient Name: Victor Young Date: 10-7-03 Time: _____ Location: NMC

o Show _____ Cancellation _____ Reason & Action Taken _____

5-50 Minute Session: ☒ Other: _____ Mode: _____ Individual _____ Family _____ Group _____ Couple _____ CPT Code: _____

Symptoms Present: Rate Severity (0-10) and Check Symptoms below:

Depression ☒ Depressed mood: _____ Low self-esteem: _____ Insomnia: _____ Hypersomnia: _____ Anhedonia: _____

Weight Change: _____ Irritable: _____ Tearful affect: _____ Psychomotor retardation: _____

Feelings of: Hopelessness: _____ Guilt: _____ Worthlessness: _____ Helplessness: _____ Other: _____

Suicide /Homicide (risk: _____ history: _____) Ideation: _____ Plan: _____ Means: _____ Intent: _____ Threat: _____

Attempt: When _____; How Unsuicidal thoughts

Anxiety ☒ Anxious feelings: _____ Panic: _____ Agoraphobic behaviors: _____ Trembling: _____ Hyperventilation: _____

Dizziness / Light-headedness: _____ Derealization: _____ Paresthesias: _____ Sweating: _____ Fear (Type): _____

Cardiac: _____ Obsessions: _____ Compulsions: _____ Somatization (Type): _____ Other: _____

Eating Issues _____ Anorexia: _____ Bulimia: _____ Binging: _____ Purging: _____ Unrealistic Self-image: _____

Other: _____

Cognitive Dysfunction _____ Worry thoughts: _____ Negative self referencing thoughts: _____ Preoccupations: _____

Hallucinations: _____ Delusions: _____ Racing thoughts: _____ Dissociation: _____ Disorganized: _____ Memory problems: _____

Other: _____

Behavioral Problems _____ Alcohol abuse: _____ Drug abuse: _____ Impulsivity: _____ Violence: _____ Gambling: _____

Dissociative episodes: _____ Parasuicide: _____ High risk sex: _____ Other: _____

Stressors/Significant Events/ Content Issues/ Problems: Rate Severity (0-10)

Primary Support: _____ Social Environment: _____ Occupational/Educational: _____ Financial: _____ Abuse: _____ Other: _____

Psychotherapeutic Interventions:

Behavioral: ☒ Cognitive: ☒ Relationship: _____

Problem Solving: _____ Supportive: ☒ Psychodynamic: _____ Systems: _____ Homework Review: _____

Treatment Goals Addressed : (Strengths and Limitations in meeting goals noted)

- PARADOX - w/ Self
- ID Underlying Fears
- Strong Mobs

Client Status: Significant Improvement: _____ Improved: _____ No change: _____ Slightly worse: _____ Sig. Worse: _____

Homework Assigned: Healthy Diet - physical activity

Next Session: Less than 1 week: _____ 1 week: ☒ 2 weeks: _____ 3 weeks: _____ 1 month: _____

Practitioner Signature: [Signature]

Psychological Health Care/Progress Note

Client Name: Victor Young Date: 10/21/03 Time: _____ Location: NMC

to Show ☐ Cancellation ☐ Reason & Action Taken _____

5-50 Minute Session: ☒ Other: ☐ Mode: ☐ Individual ☐ Family ☐ Group ☐ Couple ☐ CPT Code: _____

Symptoms Present: Rate Severity (0-10) and Check Symptoms below:

Depression ☒ Depressed mood; ☐ Low self-esteem; ☐ Insomnia; ☐ Hypersomnia; ☐ Anhedonia; ☐

Weight Change; ☐ Irritable; ☐ Tearful affect; ☐ Psychomotor retardation; ☐

Feelings of: Hopelessness; ☐ Guilt; ☐ Worthlessness; ☐ Helplessness; ☐ Other; ☐

Suicide ☐/Homicide ☐ (risk: ☐ history: ☐) Ideation; ☐ Plan; ☐ Means; ☐ Intent; ☐ Threat; ☐

Attempt; When ☐; How ☐

Anxiety ☒ Anxious feelings; ☐ Panic; ☒ Agoraphobic behaviors; ☐ Trembling; ☐ Hyperventilation; ☐

Dizziness / Light-headedness; ☐ Derealization; ☐ Paresthesias; ☐ Sweating; ☐ Fear (Type); ☐

Cardiac; ☐ Obsessions; ☐ Compulsions; ☐ Somatization (Type); ☐ Other; ☐

Eating Issues ☐ Anorexia; ☐ Bulimia; ☐ Binging; ☐ Purging; ☐ Unrealistic Self-image; ☐

Other; ☐

Cognitive Dysfunction ☐ Worry thoughts; ☐ Negative self referencing thoughts; ☐ Preoccupations; ☐

Hallucinations; ☐ Delusions; ☐ Racing thoughts; ☐ Dissociation; ☐ Disorganized; ☐ Memory problems; ☐

Other; ☐

Behavioral Problems ☐ Alcohol abuse; ☐ Drug abuse; ☐ Impulsivity; ☐ Violence; ☐ Gambling; ☐

Dissociative episodes; ☐ Parasuicide; ☐ High risk sex; ☐ Other; ☐

Stressors/Significant Events/ Content Issues/ Problems: Rate Severity (0-10)

Primary Support; ☐ Social Environment; ☐ Occupational/Educational; ☒ Financial; ☐ Abuse; ☐ Other; ☐

Psychotherapeutic Interventions: Behavioral; ☐ Cognitive; ☐ Relationship; ☐

Problem Solving; ☐ Supportive; ☐ Psychodynamic; ☐ Systems; ☐ Homework Review; ☐

Treatment Goals Addressed : (Strengths and Limitations in meeting goals noted)

- Fear that symptoms indicate medical pathology
- Relapsing during sleep - Visualization

Client Status: Significant Improvement; ☐ Improved; ☐ No change; ☐ Slightly worse; ☐ Sig. Worse; ☐

Homework Assigned: FD - work pcp

Next Session: Less than 1 week; ☐ 1 week; ☒ 2 weeks; ☐ 3 weeks; ☐ 1 month; ☐

Therapist Signature: [Signature]

Client Name: Victor Young Date: 10.28.03 Time: 10:30 Location: NMC

Show Cancellation Reason & Action Taken

5-50 Minute Session: ☒ Other: ☐ Mode: ☐ Individual ☐ Family ☐ Group ☐ Couple ☐ CPT Code: ☐

Symptoms Present: Rate Severity (0-10) and Check Symptoms below:

Depression (9) Depressed mood; ☒ Low self-esteem; ☐ Insomnia; ☐ Hypersomnia; ☐ Anhedonia; ☐

Weight Change; ☐ Irritable; ☐ Tearful affect; ☐ Psychomotor retardation; ☐

Feelings of: Hopelessness; ☒ Guilt; ☐ Worthlessness; ☐ Helplessness; ☐ Other; ☐

Suicide/Homicide (risk: ☐ history: ☐) Ideation; ☐ Plan; ☐ Means; ☐ Intent; ☐ Threat; ☐

Attempt; When ☐; How ☐

Anxiety (10) Anxious feelings; ☒ Panic; ☒ Agoraphobic behaviors; ☐ Trembling; ☐ Hyperventilation; ☐

Dizziness / Light-headedness; ☐ Derealization; ☐ Paresthesias; ☐ Sweating; ☐ Fear (Type); ☐

Cardiac; ☐ Obsessions; ☐ Compulsions; ☐ Somatization (Type); ☐ Other; ☐

Eating Issues ☐ Anorexia; ☐ Bulimia; ☐ Binging; ☐ Purging; ☐ Unrealistic Self-image; ☐

Other; ☐

Cognitive Dysfunction ☐ Worry thoughts; ☒ Negative self referencing thoughts; ☐ Preoccupations; ☐

Hallucinations; ☐ Delusions; ☐ Racing thoughts; ☐ Dissociation; ☐ Disorganized; ☐ Memory problems; ☐

Other; ☐

Behavioral Problems ☐ Alcohol abuse; ☐ Drug abuse; ☐ Impulsivity; ☐ Violence; ☐ Gambling; ☐

Dissociative episodes; ☐ Parasuicide; ☐ High risk sex; ☐ Other; ☐

Stressors/Significant Events/ Content Issues/ Problems: Rate Severity (0-10)

Primary Support; ☐ Social Environment; ☐ Occupational/Educational; ☒ Financial; ☒ Abuse; ☐ Other; ☐

- unable to work

- Workers Comp Appeal

Psychotherapeutic Interventions:

Behavioral; ☒ Cognitive; ☒ Relationship; ☐

Problem Solving; ☐ Supportive; ☒ Psychodynamic; ☐ Systems; ☐ Homework Review; ☐

Treatment Goals Addressed: (Strengths and Limitations in meeting goals noted)

- sleep problem

- Tearful

- Fear of physical problem = anxiety

Client Status: Significant Improvement; ☐ Improved; ☐ No change; ☒ Slightly worse; ☐ Sig. Worse; ☐

Homework Assigned: will consider to workers comp

Mon. car.

Next Session: Less than 1 week; ☐ 1 week; ☒ 2 weeks; ☐ 3 weeks; ☐ 1 month; ☐

Therapist Signature: Mal/Suarez

CENTER FOR FORENSIC SCIENCES
PRIORITY REQUEST FOR LAB SERVICES

Date 10/06/03

Agency Case Number 00-255393

Laboratory Case Number 4097

Incident HAR

Date of Incident 8/17/00

Victim Victor Young

Location 1200 CANAL ST

Suspect _____

Date Needed By 10/14/03

Reason Litigation

Items Requested for Analysis 1 Roll Color

Service Requested:

- ☐ Alcohol/Toxicology ☐ Biology/DNA (blood/semen) ☐ Documents ☐ Drugs
☐ Firearms ☐ Flammables ☐ Footwear ☐ Latent Prints ☐ Number Restoration
☒ Photography/Video ☐ Toolmarks ☐ Trace (hairs/fibers/glass)
☐ Copy of Lab Report(s) ☐ Other _____

Specific Instruction _____

- Proof Sheets -

Requested By KIMAK Agency S.P.D. Phone # 442-5222

TO BE COMPLETED BY CFS STAFF ONLY:

RECEIVED
 OCT 7 2003
 CENTER FOR FORENSIC SCIENCE

Received by: KLL (initials)

Received via:

- ☐ drop off (in-person/mail) ☐ fax ☐ telephone
☒ other _____

If multi-section request, were copies forwarded to appropriate Technical Leads? ☐ yes

Assigned To KLL 134

Date 10/07/03

Completed By KLL 134

Date 10/07/03

Received By _____

Date ____/____/____

SUPPLEMENT REPORT FORM 3.5 CENTRAL RECORDS		1. Victim Complainant Arrestee, etc.: YOUNG, VICTOR L.		2. Complainant #: 00-255393	
3. Type of Report Continued: <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Continuation		4. Original Incident: AGG. HARR		5. Date & Time of Original Incident: 16-17 AUG 00/ 1530-0705	
6. Location of Incident: 1200 CANAL ST. EXT.		7. Original Classification:		8. Classification Changed To:	
9. Type of Report Continued <input type="checkbox"/> Offense <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Arrest		<input checked="" type="checkbox"/> Follow-Up or Supplement <input type="checkbox"/> YES <input type="checkbox"/> NO Value \$		11. Additional Property Recovered <input type="checkbox"/> YES <input type="checkbox"/> NO Value \$	
12. Involved Persons: V - Victim Other Than Block #1 W - Witness R - Person Reporting P - Parent/ Guardian S - Suspect O - Other (Last, First, M.I.)					
Code	Name	Address	Age	Sex	Race
OT	WALSH, JOHN D.	1200 CANAL ST. EXT.		M	W
					DOB
					Phone
					448-8540

On 11 Jan 01, while assigned to CID as unit #776, I conducted a follow-up investigation into the above listed incident.

I brought the security surveillance video tape to the DPW offices at 1200 Canal St. Ext. to allow the victim, Victor Young and his union president, John Walsh (OT) to view same. Young stated that he wanted to view the tape to see if he could identify anyone who went near his truck, which was parked in the mechanics garage, on 16 - 17 Aug 00. Since the surveillance tape was recorded on a time lapse VCR, it was necessary to view the tape at the DPW.

After viewing approximately (3) three hours of the video tape in the presence of Young, Walsh and Detective P. Eggers, Young realized that the truck in the mechanics garage was not his truck. Young discovered that his truck was not in view of the security camera and therefore the tape was of no value.

There remains to be no suspect information in this incident.

The security tape was turned back into the property section.

There is no additional information at this time.

CASE CLOSED PENDING ADDITIONAL INFORMATION.....

4. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Cleared, No Prosecution <input checked="" type="checkbox"/> Closed Pending <input type="checkbox"/> Cleared Exceptionally		<input type="checkbox"/> Unfounded <input type="checkbox"/> Juvenile Arrest <input type="checkbox"/> Adult Arrest <input type="checkbox"/> Juvenile/Adult Arrest		Code	15. Disposition Type Open Cleared over 18 years by arrest or exceptionally Cleared under 18 years by arrest or exceptionally Cleared over and under 18 years by arrest or exceptionally		Code		
16. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 310.45 of the Penal Law of the State of New York. AFFIRMED UNDER PENALTY OF PERJURY.				Reporting Officer: Thomas A. Nocer	IBM #	17. Supervisor:	18. Review Clerk:	19. Further Action Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20. Page 1 of 1

CENTRAL RECORDS X

SUPPLEMENT REPORT FORM 3.5 (Rev. 11/88)		1. Victim Complainant Arrests, etc.: YOUNG, VICTOR L		2. Complainant #: 00-255393	
3. Type of Report Continued: <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Continuation		4. Original Incident: AGG. HARR		5. Date & Time of Original Incident: 16-17 AUG 00/1530-0705	
6. Location of Incident: 1200 CANAL ST. EXT.		Beat		7. Original Classification:	
9. Type of Report Continued: <input type="checkbox"/> Offense <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Arrest		<input checked="" type="checkbox"/> Follow-Up or Supplement		10. Additional Property Stolen: <input type="checkbox"/> YES <input type="checkbox"/> NO Value \$	
				11. Additional Property Recovered: <input type="checkbox"/> YES <input type="checkbox"/> NO Value \$	
12. Involved Persons: V - Victim Other Than Block #1 W - Witness R - Person Reporting P - Parent/Guardian S - Suspect O - Other (Last, First, M.I.)					
Code	Name	Address	Age	Sex	Race
OT	WRIGHT, JEFFREY	1200 CANAL ST. EXT.	44	M	W
					DOB
					448-8545
					Phone

On 08 Nov 00, while assigned to CID as unit #776, I conducted a follow-up investigation into the above listed incident.

I responded to the Department of Public Works (DPW) at 1200 Canal Street Extension to re-interview the victim, Victor Young and his supervisor, Jeffrey Wright (OT). Young stated that he has not heard any information regarding who may be responsible for the above incident. He stated that nothing has been written on his DPW vehicle since the incident was originally reported on 17 Aug 00. Young also stated that he has not had any problems with anyone at work.

Young did state that he has his own idea of who may be responsible for the racial writings on his DPW vehicle but would not supply me with a name. He stated that since he does not have "solid" proof he does not feel that it would be right to give out a name. I advised Young that if he gave me the name I could speak to the person in an attempt to ascertain if he was involved. However, Young continued to decline to give me a name.

I then spoke to Jeffrey Wright, who is Young's supervisor at the Department of Public Works. Wright stated that he has not heard anything new regarding this investigation. He stated that he asked his employees if they had heard anything but that no one offered any information. Wright stated that he has not heard of any other incidents involving the writing of racial slurs since the original report date.

Wright also stated that he had his suspicions about who is responsible for this incident but would not supply any names. Wright, like Young, stated that he did not feel that it would be right give names without proof.

As the security video tape was originally viewed by this Officer on 17 Aug 00 it was not necessary to re-view the tape. As originally reported, the video tape is of extremely poor quality and does not show anything of evidentiary nature. It cannot even be determined where Young's vehicle is parked in the tape or if the tape even shows his vehicle.

No additional information at this time.

CASE CLOSED PENDING FURTHER INFORMATION.....

4. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Cleared, No Prosecution <input checked="" type="checkbox"/> Closed Pending <input type="checkbox"/> Closed Exceptionally		<input type="checkbox"/> Unfounded <input type="checkbox"/> Juvenile Arrest <input type="checkbox"/> Adult Arrest <input type="checkbox"/> Juvenile/Adult Arrest		Code	15. Disposition Type Open Cleared over 18 years by arrest or exceptionally Cleared under 18 years by arrest or exceptionally Cleared over and under 18 years by arrest or exceptionally		Code
16. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 310.45 of the Penal Law of the State of New York. AFFIRMED UNDER PENALTY OF PERJURY.				Reporting Officer: Thomas A. Neron	IBM #	17. Supervisor: NPS Brown	18. Review Required: 578
				Det. Thomas A. Neron	585	19. Further Action Required: Yes (No)	20. Page 1 of 1

INVERT EMULSION SIDE DOWN

0016-886

0016-886

0016-886

REVERSE

REVERSE

VENT

VENT

